

Application - World Championship Travel Support Fund



Section 1: General Information

What is the name of the group or organization seeking funding?

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What is the permanent mailing address of the group or organization seeking funding?

Street/P.O. Box:	Town/City:
Province:	Postal code:
PSO President:	Telephone:
PSO email:	

Section 2: Athlete Information

Athlete's name:	Date of birth:
Street/P.O. Box:	Town/City:
Province:	Postal code:
Telephone:	Email:
Name of National Sport Governing Body:	
Are you a member for the Provincial Sport Organization for your sport?	Yes No

Section 3: World Championship Description

What is the name of the World Championship you are requesting assistance to attend?
When is the event taking place?
Where is the event being held?
How many other athletes from Canada have qualified to participate?
Did you qualify for the World Championship event by competing in a National Championship? Yes No
What was the name of the qualifying event?
When was the event held?

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Where was the event held?
What was your placing at this event?
How many competitors were in your event?
Have you been selected to compete for Canada in a previous World Championship? Yes No
If yes, please list year, name, and location of the event(s).

Section 4: Budget

What is the direct cost to you to participate in the World Championship?	
Please list other sources of revenue that are being used to support your participation (Sport Canada Funding, prize money, appearance fees, corporate sponsorship etc.)?	
Revenue type	Revenue amount

Section 5: Conditions and Privacy Notice

The personal information in this form is being collected under the authority of section 61(c) of the Access to Information and Protection of Privacy Act, 2015, for the purpose of program administration and assessing the merits of each funding application. Please note that the information you provide can be subject to an Access to Information request. If you have any questions about the collection, use and disclosure of your personal information, please contact the Access and Privacy Coordinator, Department Children, Seniors and Social Development at 709.729.6370.

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Section 6: Checklist

IMPORTANT: Please review your application and be sure that all required information has been provided.

Have you:

Reviewed the program guidelines to eligibility

Completed all sections of the grant application

Section 7: Authorization

I certify that the information provided in this grant application is accurate and complete. I certify that I meet the eligibility criteria of the World Championship Travel Support Fund which forms part of this application.

If funded:

I agree to submit a final report within one month after completion of the event confirming my participation and results. I acknowledge that failure to submit a final report will result in me being ineligible to receive future funding;

Name of athlete or parent/guardian if athlete is not age of majority:

If your application is e-mailed, this satisfies the signature requirement.

Signature of athlete or parent/guardian
if athlete in not age of majority

Date

APPLICATION DEADLINE:
Applications must be received
prior to the start of the event

Please submit to:
Billy Taggart
Sport Consultant
billtaggart@gov.nl.ca
709.729.6291